PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13			-		RATE	FEE	1	RATE	FEE
FO	PR		NUMBER FILED .		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS	13 mir	nus 20=	*			X\$ 9=		OR	X\$18=	
INE	DEPENDENT CL	_AIMS	2 mi	nus 3 =	*			X43=	1	OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PE	RESENT			l \Box		+145=	-	OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	l	TOTAL	388	OR	TOTAL	
CLAIMS AS AMENDED - PART II								CRAALL	ENITITY	• ^p	OTHER SMALL	
		(Column 1)	T	(Colun		(Column 3)	l r	SMALL		OR 1 I	SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLI IPLE DEF	'ENDEN I	CLAlivi	<u> </u>	1	+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								40011. T EE 1			ADDII.I LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PHESE	NTATION OF MU	TETIPLE DEP	ENDENT	CLAIM		1	+145=		OR	+290=	
•							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)	. 1 .	(Colum	nn 2)	(Column 3)	,	ADDIT. FEE		, ,	ADDII. FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-		X43=		o'R	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╏┟	+145=				
+ }	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					er four	nd in the app	ropriat box	in col	umn 1.	